



ALCOHOL AND DRUG
Treatment Services Report

Hawai'i, 10-Year Trends (2003 - 2012)





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EXECUTIVE SUMMARY

This is a 10-year trend report that focuses on alcohol and drug treatment services provided by agencies that were funded by the Alcohol and Drug Abuse Division (ADAD) of the Hawai'i Department of Health during state fiscal years 2003 to 2012. The report contains information on the socio-demographic characteristics of the adolescents (age 17 and younger) and adults who were admitted to treatment programs. The use of different modalities of services and data relating to treatment service outcomes and status of follow-up are also presented. In 2012, ADAD funded 9 agencies that offered services to adolescents at 88 sites and 19 agencies that offered services to adults at 46 sites. Between 2003 and 2012, the number of sites serving adolescents increased by 137.8% (from 37 sites to 88 sites), and the number of sites serving adults increased by 21.1% (from 38 sites to 46 sites).

Overall, with some fluctuation, the number of admissions tended to increase in the earlier years across all age groups and four counties. In 2009, the largest number of admissions statewide was observed (6,998), followed by 2012 (5,552) and 2010 (5,548). From 2009 to 2011, the number of admissions declined for all age groups and the four counties with one exception: The number of admissions slightly increased from 2010 to 2011 in Hawai'i County. In 2012, adults ages 18 to 49 received the largest share of services (51.6%), followed by adolescents (39.9%), then older adults age 50 and older (8.5%). The same trend had been observed for the 10-year time period from 2003 to 2012. In 2011, the difference between the number of adult admissions and adolescent admissions was minimal. Over 10 years, the City & County of Honolulu accounted for the highest percentage of admissions, with the largest proportion of the state's residents,

consistently followed by Hawai'i, Maui, and Kaua'i Counties. Across the 10 years, the most common source of referral was self-referral (39.0% - 48.6%), followed by the criminal justice and child protective service system (23.1% - 34.5%).

Across 10 years, marijuana was the primary substance used at the time of admission for the majority of adolescents (52.8% - 63.1%), followed by alcohol (26.9% - 39.9%). For adults 18 to 49 years, methamphetamine, also known as "ice", was the most frequently reported primary substance (42.4% - 53.2%), followed by alcohol (21.8% - 31.5%). Alcohol was the most frequently used primary substance for older adults 50 years and older (52.2% - 64.1%). During the most recent eight years, methamphetamine was the second most frequently used primary substance (18.5% - 27.9%).

The percentage of clients utilizing each type of treatment modality varied by age group. The vast majority of adolescents were admitted to Outpatient Treatment programs (over 90% across 10 years). For adults 18 to 49 years, Intensive Outpatient Treatment programs were the most frequently utilized modality from 2003 to 2008 (around 27%). From 2009 to 2012, Outpatient Treatment programs were most frequently utilized (around 30%). Overall, in the earlier years (with the exception of 2004), slightly more adults were admitted to residential services (i.e., Residential Treatment, Therapeutic Living, and Residential Social Detoxification programs), compared to outpatient modalities (i.e., Methadone Maintenance, Outpatient Treatment, Intensive Outpatient Treatment, and Day Treatment programs). This pattern was reversed in later years. Older adults 50 years and older were more likely to utilize different modalities in each year.



Between 2003 and 2012, the number of sites serving adolescents increased from 37 sites to 88 sites, and the number of sites serving adults increased from 38 sites to 46 sites.

Intensive Outpatient Treatment, Outpatient Treatment, and Residential Social Detoxification programs were the three most frequently utilized modalities. The percentage of older adults utilizing Outpatient Treatment programs grew the most (from 13.3% in 2003 to 27.3% in 2012). Overall, from 2003 to 2012, with the exception of 2006 and 2008, older adults more frequently utilized various outpatient modalities compared to residential services.

The total number of clients that received ADAD-funded treatment services in 2012 was 3,988. Similar to the number of admissions, with some fluctuation, the number of clients statewide increased in the earlier years, reached the highest (4,469) in 2009, and then decreased to 3,622 in 2010. In the earlier years, more adults ages 18 to 49 were likely to be admitted to treatment services compared to adolescents. However, unlike the number of admissions, in the later years, a greater number of adolescent clients received treatment services compared to adult clients ages 18 to 49. Older adults age 50 and older always recorded the smallest share among the three age groups. Over 10 years, the majority of clients came from the City & County of Honolulu (56.4% - 64.5%), consistently followed by Hawai'i, Maui, and Kaua'i Counties. There were more male than female clients statewide, and about half of those receiving services identified themselves as Native Hawaiians (42.7% - 50.7%), followed by Caucasians (18.4% - 19.8%) over the 10-year period.

In 2012, a total of 5,222 cases were either discharged from treatment services (3,592 cases) or transferred to a different program (1,630 cases). These cases included a duplicated count of clients who were admitted prior to or during 2012. Although

the actual numbers fluctuated from year to year, the number of discharged cases tended to increase from 2003 to 2009, decreased from 2009 to 2010, and then remained relatively stable. Among those discharged cases, over the 10-year period, the majority completed treatment with no drug use (39.2% - 46.5%) or with some drug use (14.5% - 18.3%), about one-quarter left the facility before completing treatment (21.6% - 29.7%), and the remainder were discharged for other reasons (14.2% - 16.1%).

The rate of completing treatment with no drug use varied greatly across treatment modalities. The vast majority of clients from the Residential Social Detoxification modality completed treatment with no drug use (76.5% - 87.5%) during the 10-year period. The second highest percentage of this group was from Therapeutic Living, in which around half of clients completed treatment with no drug use (45.8% - 57.5%), followed by Outpatient Treatment (24.9% - 36.0%).

Over 10 years, the number of adolescents who completed 6-month follow-up after discharge tended to increase, whereas the number of adults who completed follow-up was relatively stable, with a few exceptions. The vast majority of adolescents were attending school (over 95%) and 32.5% to 66.8% of adults were employed during the 10-year period. The majority of both adolescents (over 97%) and adults (82.2% - 90.3%) were in stable living arrangements. Around one-half of adolescents (39.3% - 56.2%) and the majority of adults (55.6% - 73.1%) reported not using any substances in the past 30 days. The majority of adolescents and adults continued to have no arrests, no hospitalization, and no emergency room visits since discharge during the 10-year period.

REPORT OVERVIEW

This is the fourth report of substance abuse treatment services, clients who receive treatment, and outcomes of treatment in Hawai'i developed by the Alcohol and Drug Abuse Division (ADAD) of the Hawai'i Department of Health (DOH) and the University of Hawai'i's Center on the Family. The report focuses on 10-year trend data collected from agencies receiving state and federal funds from ADAD in state fiscal years 2003 to 2012. It does not include data relating to treatment services provided by non-ADAD funded agencies. Comparisons between each reporting year are made to highlight trends in treatment services, clients, and outcomes. Comprehensive data for 2000, 2003, 2006, 2008, and 2010 are available in the previous reports¹. The aim of this report is to increase the knowledge and understanding of substance abuse treatment in our state, which is an important step in improving services for those who require assistance in overcoming their addiction to alcohol and drugs.

TREATMENT SERVICES IN HAWAI'I

Substance abuse treatment and prevention services are authorized by Hawai'i Revised Statutes (HRS) §321-193 and HRS §334 which delineate a comprehensive system of care, including certification of substance abuse counselors and administrators, accreditation of programs, and coordination of treatment and prevention activities. ADAD is the primary source of public funds for substance abuse treatment and prevention services in Hawai'i. Some treatment services are publicly funded through the Hawai'i Medicaid 1115 waiver program called QUEST, which

is administered by the Department of Human Services. Each QUEST managed care plan decides with which substance abuse treatment providers it will contract. Treatment services are provided to QUEST clients within the limits of the benefits in the plan. Private health insurance companies and health maintenance organizations provide certain minimum substance abuse benefits as required by HRS §431M.

The ADAD treatment funds consist of both the Substance Abuse Prevention and Treatment (SAPT) Block Grant and state general funds. The State Fiscal Year (SFY) 2012 is from July 1, 2011 to June 30, 2012. ADAD funded treatment services included the following:

- ▶ **Adult substance abuse treatment services** including motivational enhancement services, residential, outpatient, intensive outpatient, non-medical residential detoxification, case management services, Native Hawaiian cultural practices, therapeutic living programs, clean and sober housing, continuing care services, and cultural activity expenditures.
- ▶ **Adolescent substance abuse treatment services** including both school-based and community-based outpatient treatment services. School-based treatment occurred at the middle school or high school campus and included outpatient services as well as cultural and recreational service activities. The community-based services for the adolescent population consisted of intensive outpatient, outpatient, and cultural activities.



The aim of the report is to increase the knowledge and understanding of substance abuse treatment in our state.

¹ Earlier reports are available from <http://uhfamily.hawaii.edu/publications/list.aspx>.

- ▶ **Dual diagnosis substance abuse treatment services** including motivational enhancement services, residential, outpatient, intensive outpatient, therapeutic living programs, clean and sober housing, and continuing care services.
- ▶ **Services for injection drug users (IDUs)** including methadone outpatient and intensive outpatient treatment, medication administration, health status monitoring, and interim and outreach services.
- ▶ **Specialized programs for pregnant substance abusing women and women with dependent children** including residential, intensive outpatient, outpatient (which allows for child care cost), therapeutic living programs, clean and sober housing, interim services, and cultural activity reimbursement. ADAD also contracted with the Family Drug Court to implement a family drug court for pregnant and parenting women. Services included intensive family case management and motivational enhancement services, as well as the typical services provided for pregnant and parenting substance abusing women.
- ▶ **Substance abuse treatment services for offenders** including integrated case management and adult substance abuse treatment services for adults who are under the supervision of the Department of Public Safety's Intake Service Center, the Judiciary's Adult Client Services Branch, the Department of Public Safety's Corrections Division, or the Hawai'i Paroling Authority.
- ▶ **Services for Group Recovery Homes** including the management of a network of recovery group homes and the administration of the revolving loan fund.

- ▶ **Early Intervention Services for Human Immunodeficiency Virus (HIV)** including medical, nursing, counseling, and supportive services provided on-site at ADAD-funded substance abuse treatment programs. This included pre-test and post-test counseling done in accordance with the Department of Health's HIV Counseling and Testing Guidelines.

TREATMENT SITES IN HAWAII

ADAD-funded treatment services are available to both adolescents and adults in all of the state's four counties. In 2012, ADAD provided funds to 9 agencies that offered services to adolescents at 88 sites, and to 19 agencies that offered services to adults at 46 sites. Treatment sites for adolescents are primarily located on middle- and high-school campuses. All treatment sites for adults are facility-based. In 2012, there were 45 treatment sites for adolescents in City & County of Honolulu, 24 in Hawai'i County, 13 in Maui County, and 6 in Kaua'i County. For adult treatment, there were 22 sites in City & County of Honolulu, 11 in Hawai'i County, 11 in Maui County, and 2 in Kaua'i County. Between 2003 and 2012, the number of sites serving adolescents increased by 137.8% (from 37 sites to 88 sites), and the number of sites serving adults increased by 21.1% (from 38 sites to 46 sites).

SERVICE MODALITY

ADAD's treatment efforts are designed to promote a statewide, culturally appropriate, comprehensive system of services to meet the treatment and recovery needs of individuals and families. ADAD's target population includes adolescents or adults who meet the DSM-IV criteria² for substance abuse or dependence.

² American Psychiatric Association (1994). *Diagnostic and Statistical Manual of Mental Disorders, 4th edition*. Washington, D.C.: American Psychiatric Association.

The income of clients eligible for treatment cannot exceed 300% of the poverty level for Hawai'i as defined by Federal Poverty Level Standards, and clients must have no other form of insurance coverage for substance abuse treatment. Priority admissions are given to pregnant and parenting women with children (PPWC) and injection drug users (IDUs).

The treatment services fall along a continuum of care that includes the following:

- ▶ **Residential Programs:** Twenty-four hour, non-medical, non-acute care is administered in a licensed residential treatment facility that provides support, typically for more than 30 days, for persons with substance abuse problems. These programs consist of 25 hours per week of face-to-face activities, including individual and group counseling, education, skill building, recreational therapy, and family services.
- ▶ **Day Treatment Programs:** Treatment services are provided in half- or full-day increments, regularly scheduled for 20 to 25 hours of face-to-face activities per week, including individual and group counseling, education, skill building, and family services. Clients participate in a structured therapeutic program while remaining in the community. Starting in 2010, Day Treatment programs are no longer funded by the ADAD.
- ▶ **Intensive Outpatient Programs:** Outpatient alcohol and/or other drug treatment services are provided for at least three or more hours per day for three or more days per week, including individual and group counseling, education, skill building, and family services. In 2012, Interim Services were utilized for clients who needed to wait to be admitted to residential modalities.

- ▶ **Outpatient Treatment Programs:** Comprehensive non-residential services are provided for individuals, groups, and families, and range from one to eight hours per week for adults and adolescents with substance abuse problems.
- ▶ **Therapeutic Living Programs:** Structured licensed therapeutic living programs are provided to individuals who desire clean and sober housing and are currently enrolled in, are transitioning to, or have been clinically discharged from a substance abuse treatment program in the last six months.

In addition, ADAD provides the following special services:

- ▶ **Residential Social Detoxification Programs:** Short-term licensed residential, non-medical detoxification treatment services are provided for individuals with substance use disorders.
- ▶ **Methadone Maintenance Outpatient Programs:** Ongoing administration of methadone, an oral substitute for opiates, is provided in conjunction with social and medical services.

THE DATA AND THEIR LIMITATIONS

Unless otherwise indicated, the alcohol and drug treatment services data in this report are presented for the state fiscal year, which runs from July 1 of the preceding calendar year to June 30 of the calendar year, e.g., July 1, 2011, to June 30, 2012, for fiscal year 2012.

Note that for *admission data*, every admission is considered as a separate count, and there is no differentiation between clients admitted once or more during a specified period. For this reason,



ADAD's treatment efforts are designed to promote a statewide, culturally appropriate, comprehensive system of services.

the total number of admissions is a duplicated count of individuals served. However, *client data* represent individuals, and the total number of clients is an unduplicated count of individuals served in a given year.

The number and client mix of ADAD-funded treatment service admissions do not represent the total demand for substance abuse treatment or the prevalence of substance abuse in the general population. The levels and characteristics of treatment service admissions depend to some extent on the availability of state and federal funds. As funding levels rise, the percentage of the substance-abusing population admitted to treatment services generally increases. Moreover, funding criteria, which may change over time, affect the service modality (e.g., residential, outpatient, or other type of treatment services) utilized and client eligibility for services.

Data on the primary substance used at the time of admission represent the substances that led to the treatment episodes, but are not necessarily a complete depiction of all substances used at the time of admission.

Treatment service discharges by modality of service are not strictly comparable because the modality of service offered upon admission varies depending on individual client needs.

Starting in 2010, Day Treatment programs are no longer funded by the ADAD. However, from 2010 to 2012, a small number of cases were misclassified as Day Treatment. The previous 2010 treatment report presented those cases as they were (i.e., as Day Treatment) with a caution indicating a possible error. However, in this report, those were reclassified as Intensive Outpatient Treatment to reflect a more accurate estimation.

Treatment data was collected through the Purchase of Services (POS) system until the middle of fiscal year 2009, when the Web Infrastructure for Treatment Services (WITS) system was utilized. Data from the POS system were migrated into the WITS system. The migration process might have caused less accurate data for fiscal year 2009.

The methods of ethnicity data collection were changed in the middle of fiscal year 2009 in compliance with the guidelines provided for the Substance Abuse Prevention and Treatment (SAPT) Block Grant recipients. Previously, there was only one ethnicity field, and Hispanic was one of the ethnic groups from which a client needed to choose his/her ethnicity. In the middle of 2009, two fields were created to collect ethnicity information. One was to identify if a client was Hispanic or not; the other was to provide the list of ethnic groups (excluding Hispanic) from which a client needed to identify his/her ethnicity. The 2009 data does not include those who identified themselves as Hispanic during later 2009 when two fields were created. As a result, Hispanic is underrepresented in 2009. Therefore, a comparison can only be made between previous years (2003 - 2008) or between later years (2010 - 2012). Fiscal year 2009 should not be compared with any other year.

Percentages are rounded up to the first decimal in this report, and therefore, resulted in total percentages ranging from 99.8 to 100.1 percent.

Finally, caution should be used in interpreting statistics for which large amounts of data are missing (e.g., clients' psychiatric status and follow-up at six months after discharge).

SECTION A

SERVICES OFFERED

This section presents 10-year trends on the total number of treatment admissions³. It also presents information on the admissions relating to age, county of residence, referral source, service modality, and primary substance used when admitted.

TABLE A-1.
Number (and Percentage) of Admissions by Age Group and County of Residence

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
AGE GROUP										
Adolescents, 17 years and younger	1,229 (32.1)	1,143 (34.1)	1,458 (37.4)	1,743 (39.3)	1,867 (39.1)	2,107 (39.2)	2,653 (37.9)	2,453 (44.2)	2,222 (45.4)	2,214 (39.9)
Adults, 18 to 49 years	2,405 (62.8)	2,040 (60.9)	2,200 (56.5)	2,430 (54.8)	2,595 (54.4)	2,851 (53.1)	3,787 (54.1)	2,699 (48.6)	2,281 (46.6)	2,865 (51.6)
Older adults, 50 years and older	195 (5.1)	166 (5.0)	239 (6.1)	264 (5.9)	312 (6.5)	416 (7.7)	558 (8.0)	396 (7.1)	387 (7.9)	473 (8.5)
TOTAL	3,829 (100.0)	3,349 (100.0)	3,897 (100.0)	4,437 (100.0)	4,774 (100.0)	5,374 (100.0)	6,998 (100.0)	5,548 (99.9)	4,890 (99.9)	5,552 (100.0)
COUNTY OF RESIDENCE										
C&C of Honolulu	2,214 (57.8)	1,822 (54.4)	2,131 (54.7)	2,544 (57.3)	2,870 (60.1)	3,270 (60.8)	4,151 (59.3)	3,344 (60.4)	2,906 (59.9)	3,557 (64.6)
Hawai'i County	863 (22.5)	809 (24.2)	1,126 (28.9)	935 (21.1)	883 (18.5)	953 (17.7)	1,326 (19.0)	1,036 (18.7)	1,068 (22.0)	981 (17.8)
Maui County	457 (11.9)	443 (13.2)	428 (11.0)	665 (15.0)	692 (14.5)	800 (14.9)	1,093 (15.6)	829 (15.0)	641 (13.2)	749 (13.6)
Kaua'i County	295 (7.7)	275 (8.2)	212 (5.4)	293 (6.6)	329 (6.9)	351 (6.5)	426 (6.1)	327 (5.9)	234 (4.8)	222 (4.0)
TOTAL	3,829 (99.9)	3,349 (100.0)	3,897 (100.0)	4,437 (100.0)	4,774 (100.0)	5,374 (99.9)	6,996^a (100.0)	5,536^a (100.0)	4,849^a (99.9)	5,509^a (100.0)

^a Out-of-state residents were excluded from the County of Residence calculations: 2 non-residents in 2009, 12 in 2010, 41 in 2011, and 43 in 2012.

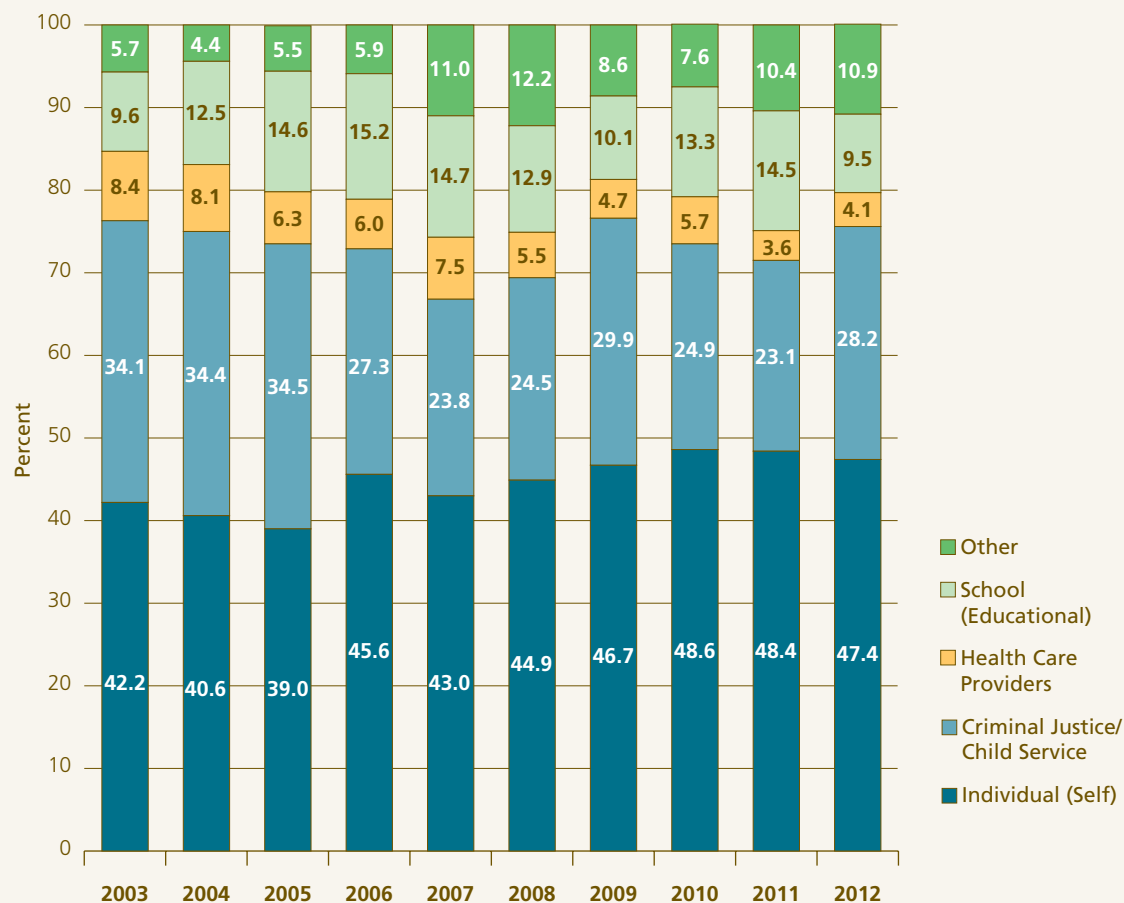
- ▶ In 2012, there were a total of 5,552 admissions to treatment services statewide. The largest number of admissions occurred in 2009 across all age groups and all four counties, with a total of 6,998 admissions, followed by 2012 (5,552) and 2010 (5,548). The smallest number of admissions occurred in 2004 for all age groups and among residents of City & County of Honolulu and Hawai'i County, with a total of 3,349 admissions. For Maui and Kaua'i Counties, the smallest number of admissions occurred in 2005.
- ▶ In 2012, adults ages 18 to 49 received the largest share of services (51.6%), followed by adolescents (39.9%), then older adults age 50 and older (8.5%). The same trend had been observed for the 10-year time period from 2003 to 2012. In 2011, the difference between the number of adult admissions and adolescent admissions was minimal (2,281 admissions for adults and 2,222 admissions for adolescents).
- ▶ In 2012, the highest percentage of admissions was observed in the City & County of Honolulu (64.6%), with the largest proportion of the state's

residents, followed by Hawai'i (17.8%), Maui (13.6%), and Kaua'i (4.0%) Counties. These are the same trends observed during this 10-year time period. With some fluctuation, the differences between Hawai'i and Maui Counties decreased over the period (22.5% vs. 11.9% in 2003 to 17.8% vs. 13.6% in 2012).

- ▶ Following a decrease from 2003 to 2004, the number of admissions tended to increase across all age groups and the four counties through 2009, with some fluctuation. Along with the largest number of admissions reported in 2009, from 2009 to 2011, the number of admissions declined for all age groups and the four counties with one exception: The number of admissions slightly increased from 2010 to 2011 in Hawai'i County. Some trends to be highlighted include: (a) Although the total number of admissions statewide increased from 2011 to 2012, the number of admissions for adolescents and for Hawai'i County declined; (b) the number of admissions for Kaua'i County steadily declined from 2009 to 2012.

³ In this section, every admission is counted separately and no distinction is drawn between clients served once or more than once during a specified period. For this reason, the total number of admissions (duplicated count) should be equal to or greater than the total number of clients (unduplicated count) served during a particular year.

FIGURE A-1.
Admissions by Sources of Referral^{ab}

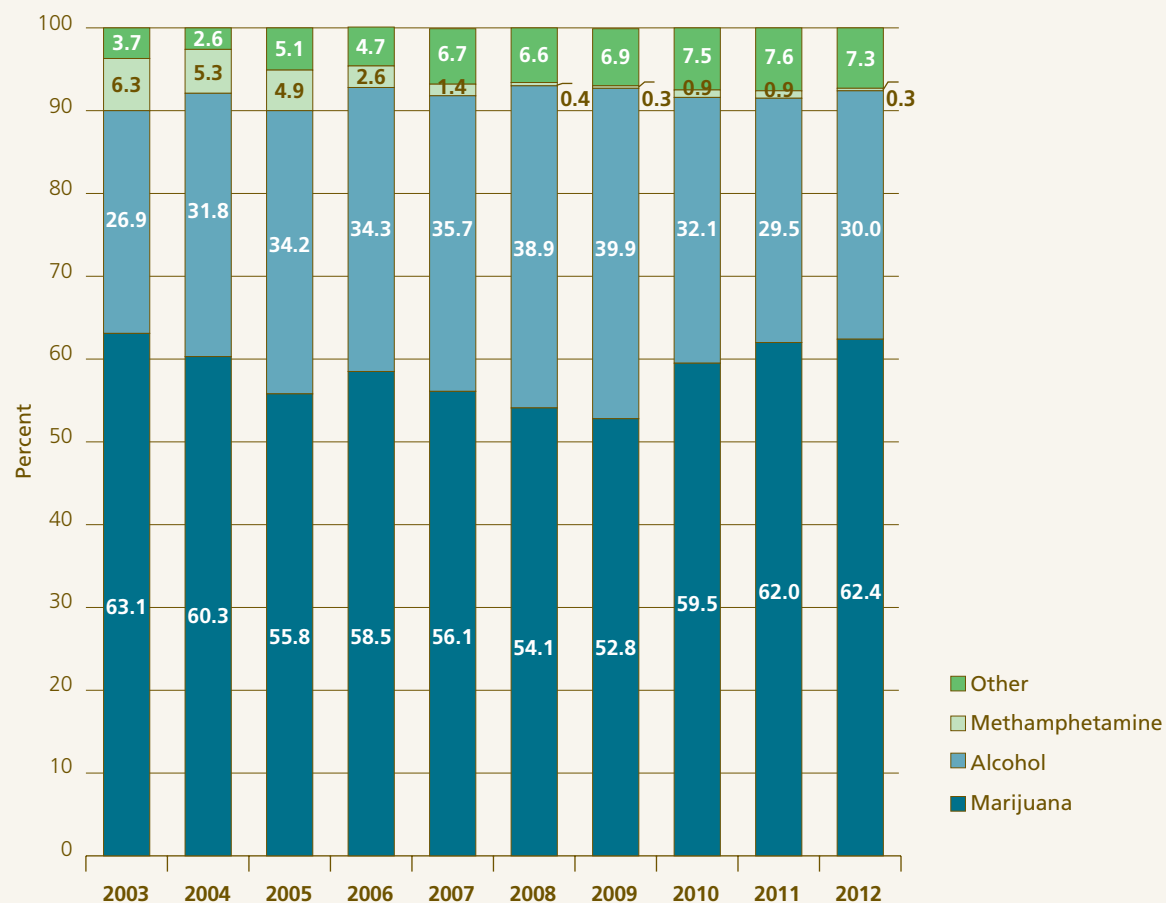


- ▶ The most common source of referral for all admissions in 2012 was self-referral (47.4%), followed by the criminal justice and child protective service system (28.2%). The same trend was held across 10 years (39.0% - 48.6% and 23.1% - 34.5% for self-referral, and the criminal justice and child protective service system, respectively). Together, these two sources of referral accounted for the majority of admissions (66.8% - 76.6%) each year.
- ▶ The remaining sources of referral were completed by schools (9.5% - 15.2%), health care providers (3.6% - 8.4%), and "other" (4.4% - 12.2%). The "other" category includes referrals from the Intake Service Center of the Department of Public Safety, employers, parents/family, friends/peers, other community referrals, and referrals from unknown sources.

^a The sum of percentages ranges from 99.9% to 100.1% due to round up to the first decimal in each category.

^b 1 and 2 cases were missing in 2011 and 2012, respectively.

FIGURE A-2.
Primary Substance Used at Admission for Adolescents 17 Years and Younger^{ab}

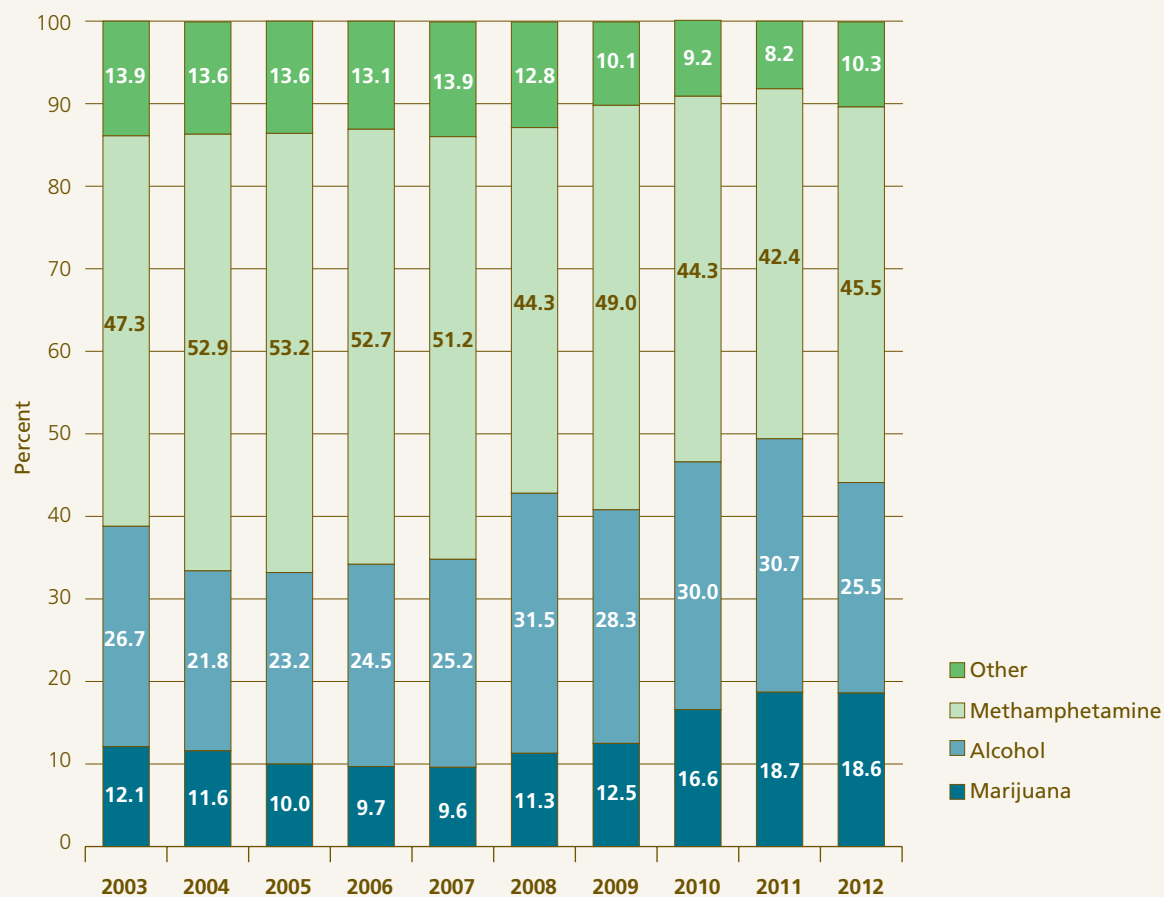


- ▶ Marijuana was the primary substance used at the time of admission for the majority of adolescents (62.4%) in 2012, followed by alcohol (30.0%). Across 10 years, the same trend was observed (52.8% - 63.1% and 26.9% - 39.9% for marijuana and alcohol, respectively).
- ▶ Over the 10-year period, a lower percentage of adolescents reported methamphetamine as the primary substance used at the time of admission. Instead, a higher percentage of adolescents reported “other” as the primary substance used over the same period.

^a The sum of percentages ranges from 99.9% to 100.1% due to round up to the first decimal in each category.

^b The “other” category includes cocaine/crack, heroin, and other drugs.

FIGURE A-3.
Primary Substance Used at Admission for Adults 18 to 49 Years^{ab}

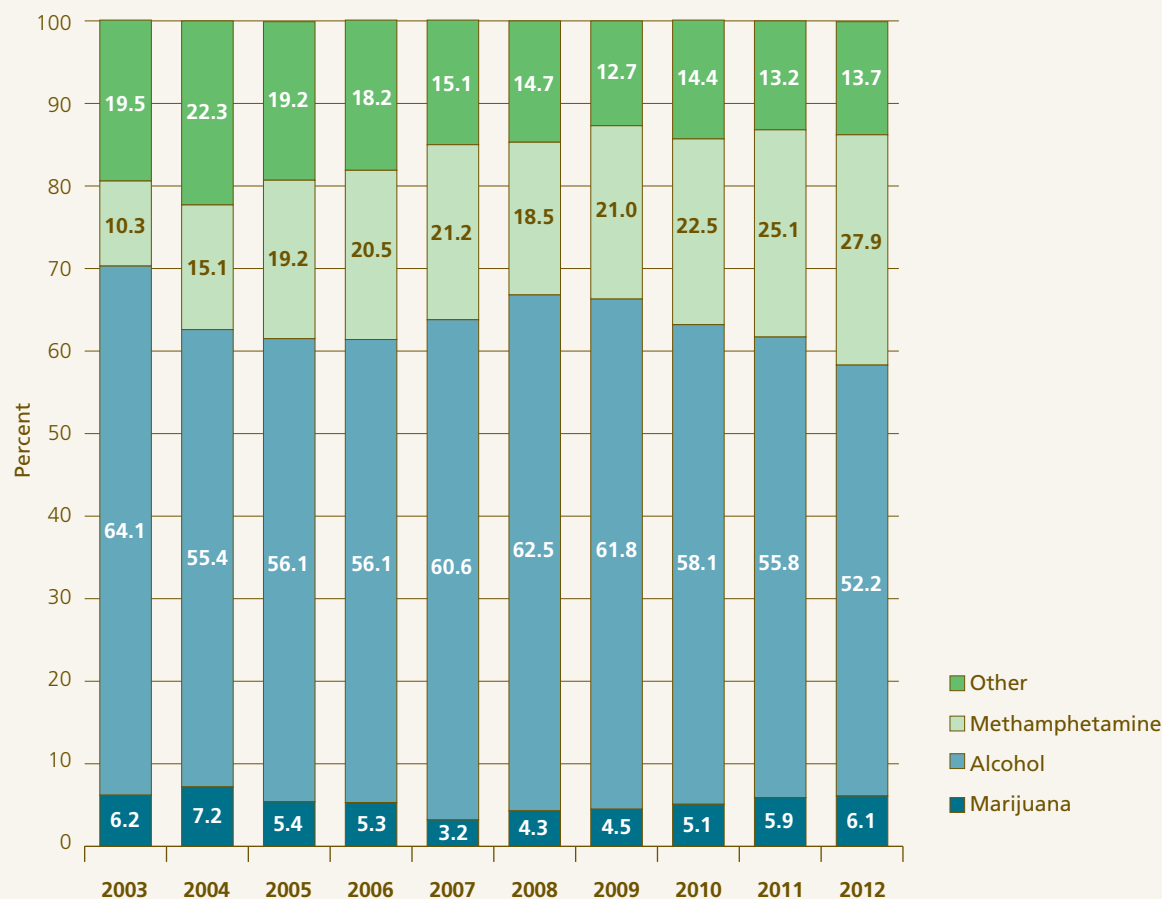


- ▶ For adults 18 to 49 years, methamphetamine, also known as “ice”, was the most frequently reported primary substance at the time of admission (45.5%) in 2012, followed by alcohol (25.5%). The same trend was held for the 10-year period (42.4% - 53.2% and 21.8% - 31.5% for methamphetamine and alcohol, respectively).
- ▶ With fluctuation, over the 10-year period, the percentage of adults reporting marijuana as their primary substance increased (from 12.1% in 2003 to 18.6% in 2012), whereas the percentage of adults reporting “other” as the primary substance slightly decreased (from 13.9% in 2003 to 10.3% in 2012).

^a The sum of percentages ranges from 99.9% to 100.1% due to round up to the first decimal in each category.

^b The “other” category includes cocaine/crack, heroin, and other drugs.

FIGURE A-4.
Primary Substance Used at Admission for Older Adults 50 Years and Older^{ab}



- ▶ In 2012, alcohol was the most frequently used primary substance at the time of admission for older adults 50 years and older (52.2%). The same trend was observed during prior years (55.4% - 64.1%).
- ▶ From 2006 to 2012, methamphetamine was the second most frequently used primary substance, followed by “other”. However, this trend was reversed in the earlier years: In 2005, an equal number of older adults reported methamphetamine and “other” as the primary substance used. From 2003 to 2004, “other” was the second most frequently used primary substance, followed by methamphetamine.
- ▶ With fluctuation, over the 10-year period, the percentage of older adults reporting methamphetamine as the primary substance used increased (from 10.3% in 2003 to 27.9% in 2012), whereas the percentage of adults reporting “other” decreased (from 19.5% in 2003 to 13.7% in 2012).

^a The sum of percentages ranges from 99.9% to 100.1% round up to the first decimal in each category.

^b The “other” category includes cocaine/crack, heroin, and other drugs.

FIGURE A-5.
Primary Substance Used at Admission for Individuals 18 to 49 Years by Gender^a



^a The "other" category includes cocaine/crack, heroin, and other drugs.

- ▶ The overall trend in primary substance use at admission for adults 18 to 49 years generally remained the same during the 10-year period from 2003 to 2012, although the actual percentages fluctuated from one year to another: (a) Marijuana and alcohol were always more likely to be the primary substance among males compared to females; (b) Methamphetamine and "other" substances were more likely to be the primary substance among females compared to males; (c) Methamphetamine was the most frequently used primary substance for both males and females.
- ▶ There were some changes in the primary substance used over the 10-year period: (a) Alcohol was consistently the second most frequently used primary substance for males. However, for females, "other" was

the second most frequently used primary substance from 2003 to 2007, and alcohol was the second most frequently used primary substance from 2008 to 2012; (b) With some fluctuation, there were increases in marijuana use as the primary substance for both males and females; (c) With fluctuation, there were decreases in "other" use and increases in alcohol use for females; (d) With a wide range of fluctuation, for males, there was a tendency of slight decreases in methamphetamine use. The lowest percentage of methamphetamine use occurred in 2010 for males and in 2011 for females. The highest percentage of methamphetamine use occurred in 2005 for males and in 2006 for females.

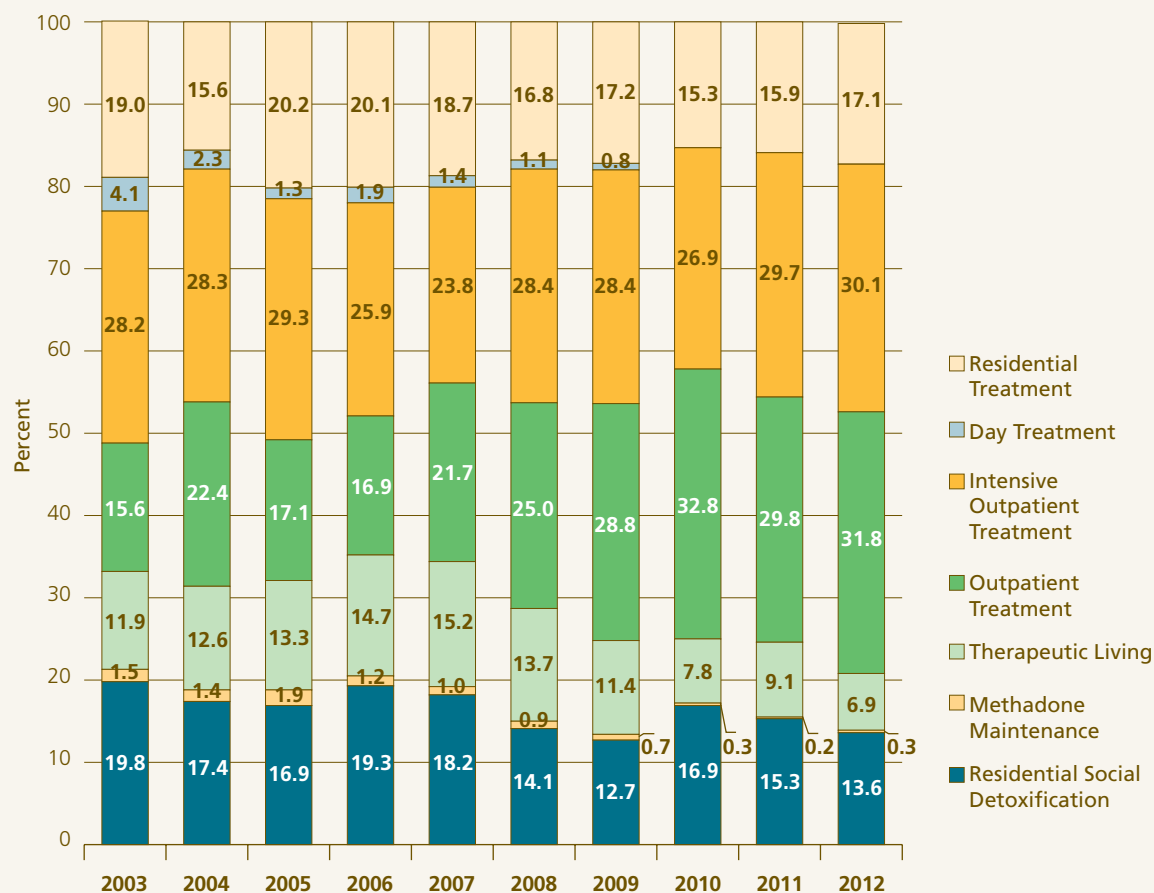
FIGURE A-6.
Admissions by Modality of Services for Adolescents 17 Years and Younger^a



- ▶ The vast majority of adolescents were admitted to Outpatient Treatment programs during the 10-year period (92.5% - 99.1%). Residential Treatment was utilized by adolescents in the earlier years (0.3% - 2.9%), but it was no longer utilized after 2009. Admissions to Intensive Outpatient Treatment programs were first reported in 2005, but experienced noticeable growth in popularity from 2009 to 2012. In 2003 and 2006, a very small number of adolescents were admitted to Therapeutic Living (0.2% and 0.1%, respectively).

^a The sum of percentages ranges from 99.9% to 100% due to round up to the first decimal in each category.

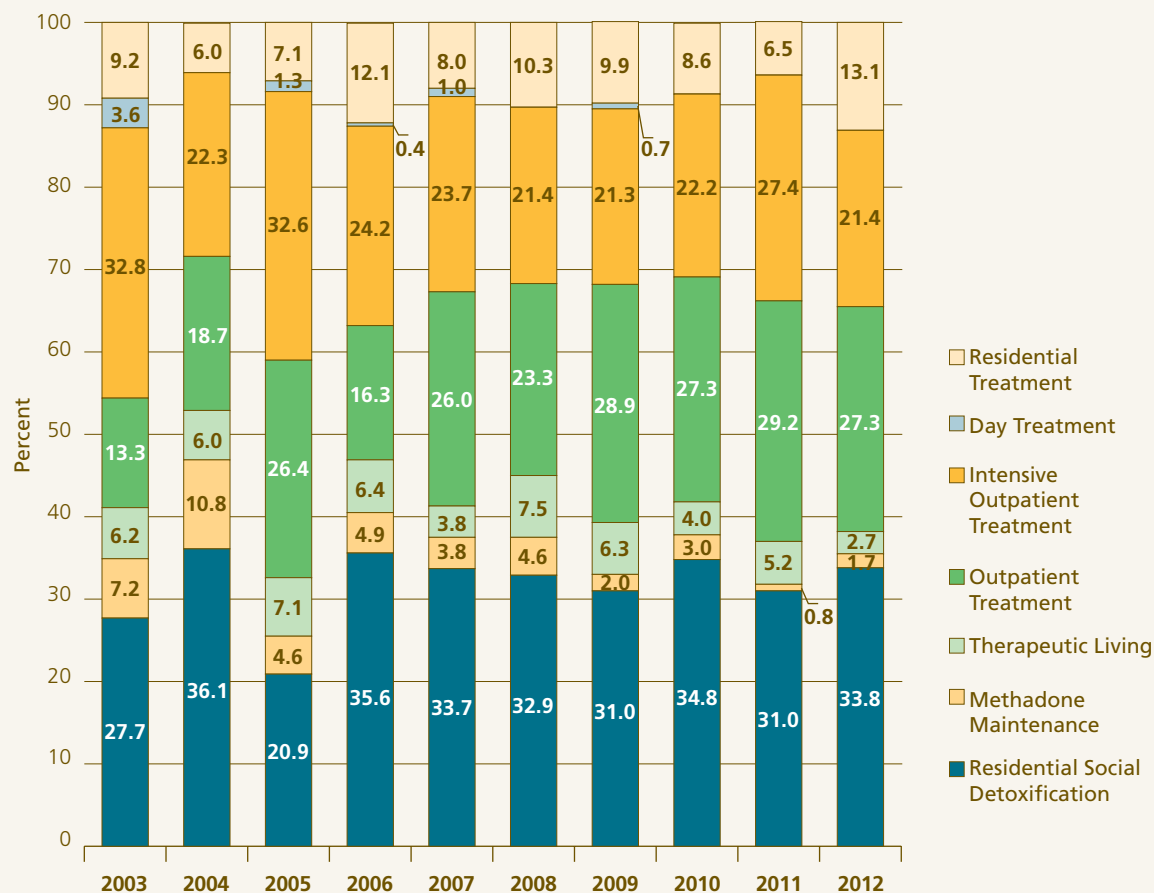
FIGURE A-7.
Admissions by Modality of Services for Adults 18 to 49 Years^a



^a The sum of percentages ranges from 99.8% to 100.1% due to round up to the first decimal in each category.

- ▶ From 2003 to 2007, with the exception of 2004, more adults were admitted to residential services (i.e., Residential Treatment, Therapeutic Living, and Residential Social Detoxification programs), compared to outpatient modalities (i.e., Methadone Maintenance, Outpatient Treatment, Intensive Outpatient Treatment, and Day Treatment programs). In 2006, the highest percentage of admissions to residential services was recorded (54.1%).
- ▶ This pattern was reversed in later years: In 2004 (as the exception referred to above) and from 2008 to 2012, more adults were admitted to outpatient modalities compared to residential services. The highest percentage of admissions to outpatient services was recorded in 2012 (62.2%).
- ▶ The differences between residential versus outpatient services were smallest in 2005 (50.4% vs. 49.6%, respectively), followed by 2003 (50.7% vs. 49.4%, respectively).
- ▶ Over the 10-year period, with some fluctuation, the proportion of adult admissions tended to increase in Outpatient Treatment and slightly decline in Therapeutic Living and Residential Social Detoxification.

FIGURE A-8.
Admissions by Modality of Services for Adults 50 Years and Older^a



- ▶ From 2003 to 2012, with the exceptions of 2006 and 2008, older adults age 50 years and older were more likely to be admitted to various outpatient modalities compared to residential services.
- ▶ In 2005, the highest percentage of admissions to outpatient services was recorded (64.9%). In contrast, in the following year, the lowest percentage of admissions to outpatient services was recorded (45.8%). The differences between outpatient versus residential services were smallest in 2012 (50.4% vs. 49.6%), followed by 2008 (49.3% vs. 50.7%).
- ▶ The percentage of older adults utilizing Outpatient Treatment programs grew the most (from 13.3% in 2003 to 27.3% in 2012).

^a The sum of percentages ranges from 99.9% to 100.1% due to round up to the first decimal in each category.

SECTION B

CLIENT CHARACTERISTICS

This section presents 10-year trends for the total number of clients that ADAD-funded treatment agencies served⁴. This section also includes client characteristics like age, county of residence, gender, ethnicity, employment status, and special conditions when admitted to services.

TABLE B-1.
Number (and Percentage) of Clients by Age Group and County of Residence

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
AGE GROUP										
Adolescents, 17 years and younger	1,171 (42.6)	1,131 (41.4)	1,416 (45.2)	1,688 (51.7)	1,825 (46.4)	2,063 (51.8)	2,237 (50.1)	1,968 (54.3)	2,014 (54.5)	1,950 (48.9)
Adults, 18 to 49 years	1,457 (53.0)	1,482 (54.3)	1,559 (49.7)	1,414 (43.3)	1,899 (48.3)	1,674 (42.0)	1,967 (44.0)	1,446 (39.9)	1,444 (39.1)	1,744 (43.7)
Older adults, 50 years and older	121 (4.4)	116 (4.3)	159 (5.1)	160 (4.9)	210 (5.3)	246 (6.2)	265 (5.9)	208 (5.7)	236 (6.4)	294 (7.4)
TOTAL	2,749 (100.0)	2,729 (100.0)	3,134 (100.0)	3,262 (99.9)	3,934 (100.0)	3,983 (100.0)	4,469 (100.0)	3,622 (99.9)	3,694 (100.0)	3,988 (100.0)
COUNTY OF RESIDENCE										
C&C of Honolulu	1,593 (57.9)	1,544 (56.6)	1,767 (56.4)	1,875 (57.5)	2,384 (60.6)	2,470 (62.0)	2,832 (63.4)	2,223 (61.5)	2,236 (60.9)	2,553 (64.5)
Hawai'i County	587 (21.4)	580 (21.3)	819 (26.1)	652 (20.0)	701 (17.8)	639 (16.0)	755 (16.9)	638 (17.6)	728 (19.8)	650 (16.4)
Maui County	339 (12.3)	389 (14.3)	368 (11.7)	493 (15.1)	548 (13.9)	564 (14.2)	561 (12.6)	509 (14.1)	516 (14.1)	562 (14.2)
Kaua'i County	230 (8.4)	216 (7.9)	180 (5.7)	242 (7.4)	301 (7.7)	310 (7.8)	319 (7.1)	245 (6.8)	190 (5.2)	196 (4.9)
TOTAL	2,749 (100.0)	2,729 (100.1)	3,134 (99.9)	3,262 (100.0)	3,934 (100.0)	3,983 (100.0)	4,467^a (100.0)	3,615^b (100.0)	3,670^b (100.0)	3,961^b (100.0)

^a There were 2 missing cases in 2009.

^b 7, 24, and 27 out-of-state residents were excluded from the data for 2010, 2011, and 2012, respectively.

- ▶ In 2012, there were a total of 3,988 clients served, including 27 out-of state residents. This was the second largest number of clients observed in any year since 2003. The largest number of clients (4,469) was served in 2009. Although the number of clients fluctuated, the number of clients served was relatively stable or increased from year to year over the 10 years with one exception: a 19.0% decrease from 2009 to 2010.
- ▶ In general, the largest group of clients receiving treatment services was adults ages 18 to 49 in earlier years, and adolescents towards the end of the 10-year period. That is, there were larger numbers of adults ages 18 to 49 than adolescents who received treatment services from 2003 to 2005. From 2006 to 2012, overall, larger numbers of adolescents received treatment services compared to adults, with one exception: In 2007, the number of adults who received treatment services was

comparable to the number of adolescents who received treatment services, with a slightly higher number for adult clients (1,899 for adults and 1,825 for adolescents).

- ▶ Across 10 years, the majority of clients came from the City & County of Honolulu (56.4% - 64.5%), followed by Hawai'i (16.0% - 26.1%), Maui (11.7% - 15.1%), and Kaua'i (4.9% - 8.4%) Counties. The trend shows that the proportion of clients from the City & County of Honolulu was likely to increase over the 10-year period, while the proportion of clients from the other three counties were relatively stable or declined.

⁴ Unlike the number of admissions that represents a duplicated count of services received, these data are based on clients and represent an unduplicated count of clients receiving services in a given year.

TABLE B-2.
Socio-Demographic Characteristics of Clients at Admission to Services

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
GENDER										
Male	1,749 (63.6)	1,666 (61.0)	1,920 (61.3)	1,896 (58.1)	2,327 (59.2)	2,308 (57.9)	2,661 (59.5)	2,167 (59.8)	2,251 (60.9)	2,459 (61.7)
Female	1,000 (36.4)	1,063 (39.0)	1,214 (38.7)	1,366 (41.9)	1,607 (40.8)	1,675 (42.1)	1,808 (40.5)	1,455 (40.2)	1,443 (39.1)	1,529 (38.3)
TOTAL	2,749 (100.0)	2,729 (100.0)	3,134 (100.0)	3,262 (100.0)	3,934 (100.0)	3,983 (100.0)	4,469 (100.0)	3,622 (100.0)	3,694 (100.0)	3,988 (100.0)
ETHNICITY										
Hawaiian	1,336 (48.6)	1,342 (49.2)	1,512 (48.2)	1,653 (50.7)	1,917 (48.7)	1,829 (45.9)	1,991 (44.6)	1,623 (44.8)	1,575 (42.7)	1,719 (43.1)
Caucasian	506 (18.4)	527 (19.3)	619 (19.8)	610 (18.7)	743 (18.9)	765 (19.2)	867 (19.4)	688 (19.0)	693 (18.8)	759 (19.0)
Filipino	184 (6.7)	189 (6.9)	233 (7.4)	238 (7.3)	293 (7.4)	362 (9.1)	411 (9.2)	379 (10.5)	369 (10.0)	405 (10.2)
Mixed, not Hawaiian	216 (7.9)	191 (7.0)	189 (6.0)	238 (7.3)	226 (5.7)	188 (4.7)	152 (3.4)	75 (2.1)	83 (2.3)	104 (2.6)
Japanese ^a	133 (4.8)	110 (4.0)	132 (4.2)	95 (2.9)	129 (3.3)	125 (3.1)	142 (3.2)	135 (3.7)	140 (3.8)	156 (3.9)
Samoaan	67 (2.4)	63 (2.3)	67 (2.1)	79 (2.4)	112 (2.8)	106 (2.7)	152 (3.4)	115 (3.2)	143 (3.9)	138 (3.5)
Black	57 (2.1)	44 (1.6)	68 (2.2)	69 (2.1)	81 (2.1)	104 (2.6)	129 (2.9)	87 (2.4)	94 (2.5)	113 (2.8)
Portuguese	48 (1.7)	35 (1.3)	49 (1.6)	44 (1.3)	47 (1.2)	47 (1.2)	50 (1.1)	27 (0.7)	44 (1.2)	27 (0.7)
Other	104 (3.8)	99 (3.6)	130 (4.1)	136 (4.2)	264 (6.7)	290 (7.3)	487 (10.9)	493 (13.6)	546 (14.8)	566 (14.2)
Hispanic ^b	98 (3.6)	129 (4.7)	135 (4.3)	100 (3.1)	122 (3.1)	167 (4.2)	86 (1.9)	467 ^b (12.9)	520 ^b (14.1)	520 ^b (13.1)
TOTAL^c	2,749 (100.0)	2,729 (99.9)	3,134 (99.9)	3,262 (100.0)	3,934 (99.9)	3,983 (100.0)	4,467^c (100.0)	3,622^d (100.0)	3,687^{cd} (100.0)	3,987^{cd} (100.0)

Table B-2. (continued)

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
EMPLOYMENT STATUS										
Employed	270 (9.8)	228 (8.4)	341 (10.9)	298 (9.1)	346 (8.8)	365 (9.2)	318 (7.1)	238 (6.6)	223 (6.0)	234 (5.9)
Unemployed/looking for work in the past 30 days/laid off	423 (15.4)	451 (16.5)	356 (11.4)	401 (12.3)	711 (18.1)	646 (16.2)	984 (22.0)	701 (19.4)	721 (19.5)	851 (21.3)
Student	1,163 (42.3)	1,134 (41.6)	1,357 (43.3)	1,645 (50.4)	1,795 (45.6)	2,034 (51.1)	2,279 (51.0)	2,084 (57.5)	2,180 (59.0)	2,157 (54.1)
Other ^e	884 (32.2)	904 (33.1)	1,073 (34.2)	903 (27.7)	1,020 (25.9)	856 (21.5)	856 (19.2)	583 (16.1)	559 (15.1)	730 (18.3)
Unknown	9 (0.3)	12 (0.4)	7 (0.2)	15 (0.5)	62 (1.6)	82 (2.1)	32 (0.7)	16 (0.4)	11 (0.3)	16 (0.4)
TOTAL	2,749 (100.0)	2,729 (100.0)	3,134 (100.0)	3,262 (100.0)	3,934 (100.0)	3,983 (100.1)	4,469 (100.0)	3,622 (100.0)	3,694 (99.9)	3,988 (100.0)

^a Japanese includes Okinawan.

^b In previous years, clients who chose Hispanic as their ethnicity category could not choose any other ethnicity. However, in the middle of fiscal year 2009, there was a change in the way ethnicity information was collected. Now, clients first indicate whether or not they are Hispanic, and then are able to choose an ethnic group from a list of ethnicities which does not include Hispanic. In this table, 2009 data included only unduplicated counts (for the earlier part of the year), resulting in the underrepresented number of Hispanics, and should not be compared with data from any other year. In 2010, 2011, and 2012, the number of Hispanic clients was a duplicated count of ethnicity, and not further interpreted. There were 6, 3, and 7 missing cases, and 230, 219, and 279 unknown cases in the Hispanic category in 2010, 2011, and 2012, respectively.

^c There were 2, 7, and 1 missing cases in the Ethnicity category in 2009, 2011, and 2012, respectively.

^d Because of the duplicated count of Hispanic, the count was excluded from the sum. In 2010, 2011, and 2012, 56, 50, and 52 cases were classified as unknown, respectively. These cases were included in the "other" ethnicity category.

^e "Other" includes homemakers, retirees, disabled individuals, inmates in institutions, and others not in the labor force.

- ▶ In 2012, there was a higher percentage of males among clients receiving treatment services (61.7% male vs. 38.3% female). The same trend was held over the 10 years (57.9% - 63.6% male). With some fluctuation, there was a tendency showing increases in the numbers of clients admitted to treatment services over the 10 years for both males and females with an exception: From 2009 to 2010, an almost 20% decrease in the number of clients admitted was observed for both males and females (18.6% and 19.5% for males and females, respectively).
- ▶ The largest group of clients who received treatment services was Hawaiians each year over the 10-year period (42.7% - 50.7%), consistently followed by Caucasians (18.4% - 19.8%). In 2003, the third largest group was mixed-ethnicity (7.9% compared to 6.7% Filipinos). In 2004, there were similar numbers of mixed ethnicity and Filipinos: 7.0% (191 clients) and 6.9% (189 clients) respectively. Since 2005, Filipinos have remained the third largest group to receive services (7.3% - 10.5%), not counting the Hispanic category and the "other" category.
- ▶ Among those who received services in 2012, approximately one-fourth (27.2%) were in the labor force — 5.9% employed, and 21.3% unemployed/looking for work. With some fluctuation, over 10 years, there was a trend of decreases in the proportion of clients in the employed category and increases in the proportion of clients in the unemployed category. The highest percentage of employed clients (10.9%) and the lowest percentage of unemployed clients (11.4%) were observed in 2005. The lowest percentage of employed clients and the second highest percentage of unemployed clients were observed in 2012.
- ▶ In 2012, the majority of clients (72.4%) were not in the labor force — students (54.1%) and other (18.3%). The same trend was found across the 10 year-period. The lowest percentage of clients in the student category was reported in 2004 (41.6%), followed by 2003 (42.3%). The highest percentage was found in 2011 (59.0%), followed by 2010 (57.5%). In general, the proportion of clients in the "other" category declined over the 10-year period (from 32.2% in 2003 to 18.3% in 2012).

TABLE B-3.
Clients with Special Conditions at Admission to Services

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
SPECIAL CONDITION^a										
Homeless ^b	388 (14.1)	416 (15.2)	389 (12.4)	421 (12.9)	628 (16.0)	497 (12.5)	543 (12.2)	366 (10.1)	394 (10.7)	424 (10.6)
Pregnant	51 (1.9)	52 (1.9)	27 (0.9)	57 (1.7)	62 (1.6)	57 (1.4)	52 (1.2)	41 (1.1)	39 (1.1)	29 (0.7)
Methadone cases	47 (1.7)	44 (1.6)	51 (1.6)	43 (1.3)	38 (1.0)	43 (1.1)	36 (0.8)	12 (0.3)	8 (0.2)	19 (0.5)
Clients with five or more prior treatment episodes	109 (4.0)	103 (3.8)	105 (3.4)	97 (3.0)	107 (2.7)	124 (3.1)	219 (4.9)	24 (0.7)	34 (0.9)	35 (0.9)
Psychiatric problem in addition to alcohol/drug problem ^c	367 (13.4)	325 (11.9)	375 (12.0)	345 (10.6)	458 (11.6)	372 (9.3)	401 (9.0)	287 (7.9)	318 (8.6)	439 (11.0)

^a A client can be admitted with one or more special conditions.

^b "Homeless" includes individuals who are single and those with partners.

^c Information is unknown for an average of 33.3% of clients, ranging from 29.3% in 2011 to 37.5% in both 2003 and 2008.

- ▶ In 2012, the most prevalent special condition, other than employment status (stated in Table B-2), among clients who received treatment services was a psychiatric problem in addition to an alcohol or drug problem (11.0%), followed by homelessness (10.6%). This was the first year that homelessness was not the most prevalent special condition. From 2003 to 2011, the most prevalent special condition was consistently homelessness (10.1% - 16.0%), followed by a psychiatric problem with an alcohol or drug problem (7.9% - 13.4%). Both the highest number and percentage of homeless clients were admitted to treatment services in 2007, and the lowest in 2010. The highest

percentage of clients diagnosed with both a psychiatric condition and an alcohol or drug abuse problem was reported in 2003, and the highest number in 2007. The lowest percentage and number of clients in this category were reported in 2010.

- ▶ All together, the remaining special conditions — pregnancy, methadone use, and having been admitted to five or more prior treatment episodes — comprised 2.1% of the total number of clients in 2012. With some fluctuation, there was a trend of decreases in these special conditions over the 10-year period.

SECTION C

TREATMENT SERVICE OUTCOMES AND FOLLOW-UP

This section presents information on the types of discharge or transfer following treatment service modalities, and the status of clients six months after discharge.⁵

TABLE C-1.
Number (and Percentage) of Treatment Service Discharge by Service Modality

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
SERVICE MODALITY										
Residential Treatment	246 (8.5)	172 (6.6)	231 (8.0)	212 (6.6)	200 (5.9)	191 (4.6)	239 (5.7)	152 (4.1)	154 (4.5)	224 (6.2)
Day Treatment	29 (1.0)	20 (0.8)	12 (0.4)	18 (0.6)	26 (0.8)	17 (0.4)	28 (0.7)	NA	NA	NA
Intensive Outpatient Treatment	455 (15.8)	353 (13.6)	321 (11.1)	307 (9.6)	271 (8.0)	425 (10.1)	427 (10.1)	350 (9.5)	375 (10.9)	465 (12.9)
Outpatient Treatment	1,290 (44.7)	1,355 (52.0)	1,505 (52.1)	1,748 (54.8)	1,962 (58.0)	2,645 (63.1)	2,594 (61.5)	2,617 (71.3)	2,287 (66.2)	2,224 (61.9)
Therapeutic Living	286 (9.9)	215 (8.3)	271 (9.4)	287 (9.0)	323 (9.6)	359 (8.6)	318 (7.5)	143 (3.9)	195 (5.6)	178 (5.0)
Methadone Maintenance	15 (0.5)	49 (1.9)	56 (1.9)	34 (1.1)	28 (0.8)	27 (0.6)	23 (0.5)	13 (0.4)	4 (0.1)	4 (0.1)
Residential Social Detoxification	566 (19.6)	440 (16.9)	491 (17.0)	585 (18.3)	572 (16.9)	530 (12.6)	586 (13.9)	393 (10.7)	439 (12.7)	497 (13.8)
TOTAL	2,887 (100.0)	2,604 (100.1)	2,887 (99.9)	3,191 (100.0)	3,382 (100.0)	4,194 (100.0)	4,215 (99.9)	3,668 (99.9)	3,454 (100.0)	3,592 (99.9)

NA = not applicable, because Day Treatment was no longer offered in 2010 - 2012.

- ▶ In 2012, 3,592 cases were discharged from treatment services. The majority (61.9%) received Outpatient Treatment services, followed by Residential Social Detoxification services (13.8%) and Intensive Outpatient services (12.9%). The same trend was observed throughout the 10-year period.
- ▶ Although the actual numbers fluctuated from year to year, the number of discharged cases tended to increase from 2003 to 2009, decrease from 2009 to 2010, and then remain relatively stable. The highest number was recorded in 2009, and the lowest number was reported in 2004.

⁵ Note that the number of admissions reported earlier in this report does not match the number of discharges for the specified year. This is because clients admitted in a particular year may be discharged in the same or the following year. While the number of discharges represents a duplicated count, the status of the client after discharge refers to the latest discharge and thus is an unduplicated count.

TABLE C-2.
Number (and Percentage) of Treatment Service Transfer by Service Modality

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
SERVICE MODALITY										
Residential Treatment	408 (51.8)	313 (42.5)	374 (45.1)	426 (48.8)	413 (47.4)	411 (36.3)	429 (32.0)	259 (20.8)	239 (19.5)	308 (18.9)
Day Treatment	60 (7.6)	29 (3.9)	9 (1.1)	21 (2.4)	15 (1.7)	9 (0.8)	16 (1.2)	NA	NA	NA
Intensive Outpatient Treatment	182 (23.1)	232 (31.5)	279 (33.6)	242 (27.7)	205 (23.5)	351 (31.0)	438 (32.6)	508 (40.9)	474 (38.7)	616 (37.8)
Outpatient Treatment	102 (13.0)	99 (13.4)	114 (13.7)	121 (13.9)	177 (20.3)	281 (24.8)	367 (27.3)	409 (32.9)	444 (36.2)	599 (36.7)
Therapeutic Living	14 (1.8)	33 (4.5)	30 (3.6)	42 (4.8)	44 (5.1)	62 (5.5)	81 (6.0)	24 (1.9)	26 (2.1)	44 (2.7)
Methadone Maintenance	10 (1.3)	18 (2.4)	5 (0.6)	9 (1.0)	7 (0.8)	8 (0.7)	5 (0.4)	6 (0.5)	5 (0.4)	2 (0.1)
Residential Social Detoxification	11 (1.4)	13 (1.8)	19 (2.3)	12 (1.4)	10 (1.1)	9 (0.8)	6 (0.4)	37 (3.0)	38 (3.1)	61 (3.7)
TOTAL	787 (100.0)	737 (100.0)	830 (100.0)	873 (100.0)	871 (99.9)	1,131 (99.9)	1,342 (99.9)	1,243 (100.0)	1,226 (100.0)	1,630 (99.9)

NA = not applicable, because Day Treatment was no longer offered in 2010 - 2012.

- ▶ In 2012, 1,630 cases were transferred to a different level of care for continued treatment in the same or another agency, or referred to an outside agency. More than one-third (37.8%) received Intensive Outpatient Treatment services and a similar number of clients (36.7%) received Outpatient Treatment services. Less than one-fifth (18.9%) were from Residential Treatment services.
- ▶ During the earlier five years (2003 - 2007), around half of transferred cases were from Residential Treatment services (42.5% - 51.8%), followed by Intensive Outpatient, then Outpatient services. This pattern weakened in 2008, then reversed in the later years (2009 - 2012).

In 2008, the highest percentage of transferred cases occurred from Residential Treatment services — slightly higher than one-third (36.3%). Starting 2009, the majority of transferred cases were from either Intensive Outpatient Treatment (32.6% - 40.9%) or Outpatient Treatment services (27.3% - 36.7%).

- ▶ Over the 10-year period, with some fluctuation, cases were less frequently transferred from Residential Treatment services (from 51.8% in 2003 to 18.9% in 2012), and more frequently from Intensive Outpatient Treatment services (from 23.1% in 2003 to 37.8% in 2012) and Outpatient Treatment services (from 13.0% in 2003 to 36.7% in 2012).

FIGURE C-1.
Types of Treatment Service Discharge^a

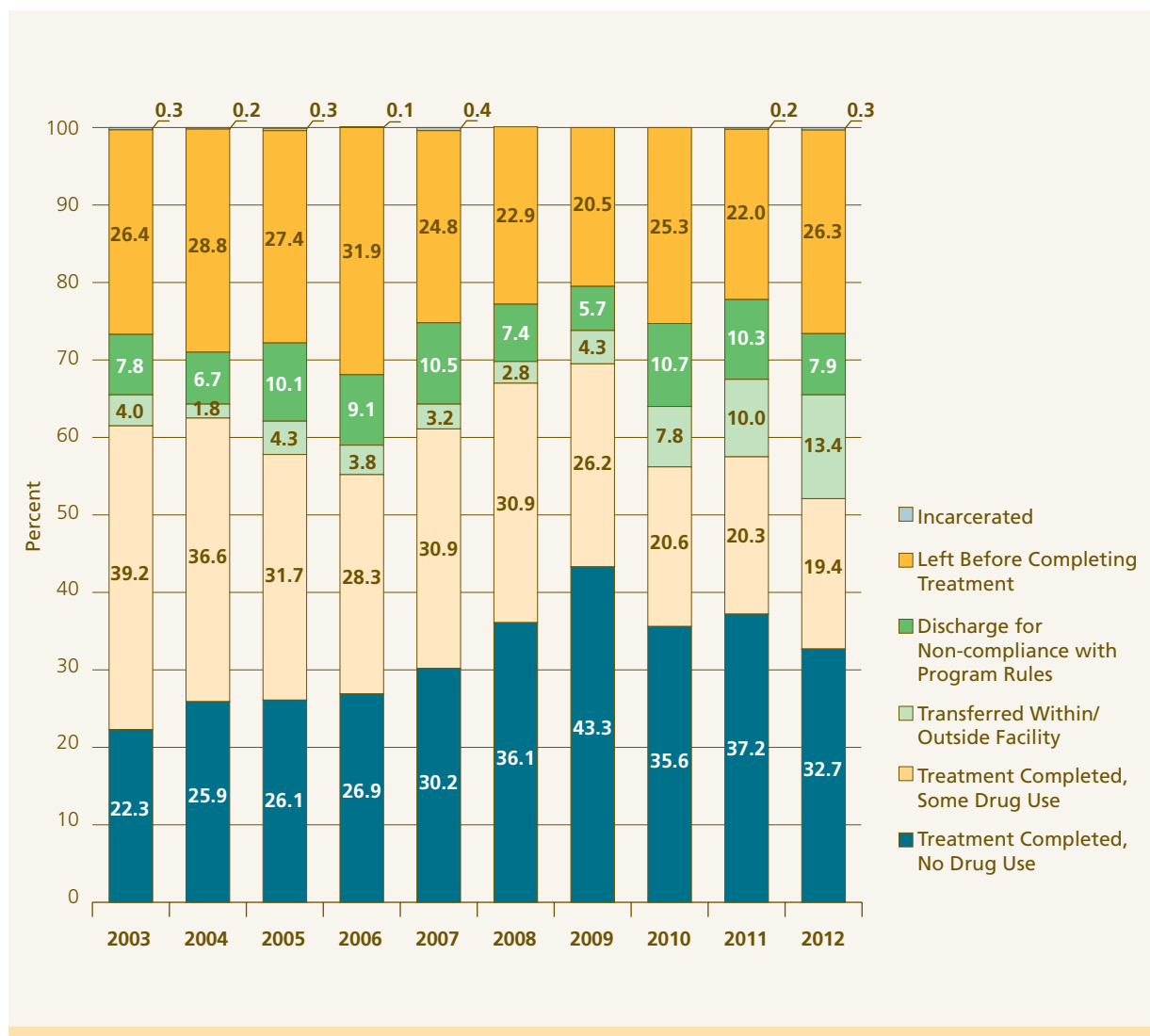


► In 2012, among the 3,592 total discharged cases, the majority (58.4%) completed treatment services with no drug use (43.9%) or with some drug use (14.5%). More than one-fourth (27.4%) of clients left treatment before completion and 12.4% of clients were discharged due to non-compliance with program rules. A very small percentage (1.9%) were incarcerated or died while receiving treatment. A similar trend was observed across the 10-year period.

^a The sum of percentages ranges from 99.9% to 100.1% due to round up to the first decimal in each category.

FIGURE C-2.

Types of Treatment Service Discharge or Transfer for Adolescents 17 Years and Younger^{ab}

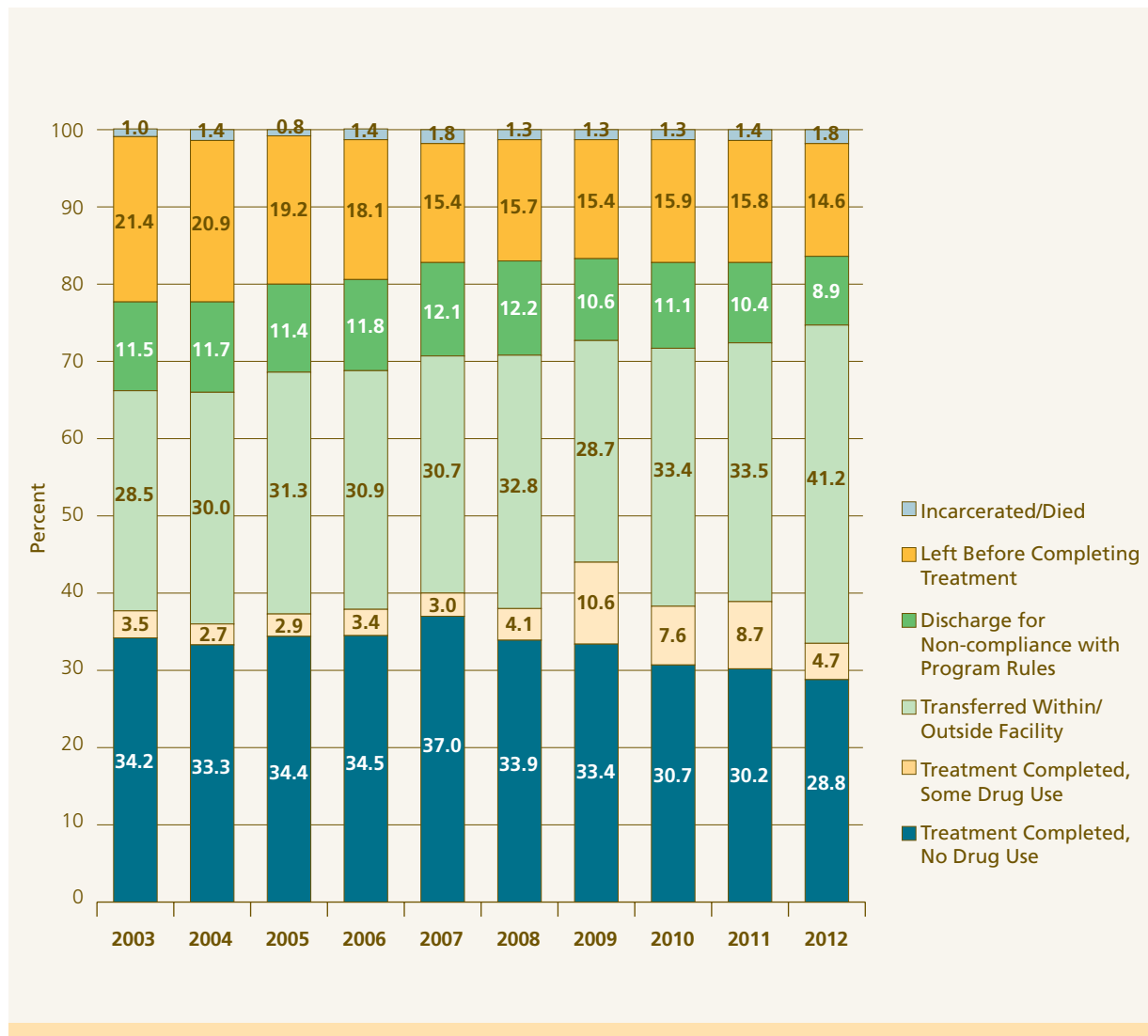


- ▶ In 2012, the majority of adolescents completed treatment with no drug use (32.7%) or with some drug use (19.4%). About a quarter of adolescents (26.3%) left the programs before completing treatment.
- ▶ During the earlier five years from 2003 to 2007, adolescents were more likely to complete treatment with some drug use than with no drug use; however, this trend was reversed in the later years. Since 2008, a higher percentage of adolescents had completed treatment with no drug use, compared to those with some drug use.
- ▶ With some fluctuation, over the 10 years, around a quarter of adolescents left the programs before completing treatment (20.5% - 31.9%), and around 8% of adolescents were discharged due to non-compliance with program rules (5.7% - 10.7%). Although it was a relatively small share, during the more recent years (2010 - 2012), a higher percentage of adolescents reported being transferred (7.8% - 13.4%, compared with 1.8% - 4.3% in previous years).

^a The sum of percentages ranges from 99.9% to 100.1% due to round up to the first decimal in each category.

^b There were no deaths among adolescents receiving treatment.

FIGURE C-3.
Types of Treatment Service Discharge or Transfer for Adults 18 Years and Older^a



^a The sum of percentages ranges from 100% to 100.1% due to round up to the first decimal in each category.

- ▶ In 2012, about a third of adult clients completed treatment with no drug use (28.8%) or with some drug use (4.7%). A higher percentage of adults (41.2%) were transferred to another level of care or treatment services either within or outside of their current facility. The remaining quarter of clients left before completing treatment (14.6%), were discharged due to non-compliance with program rules (8.9%), or were incarcerated or died (1.8%).
- ▶ There were some increases in the proportion of adults who completed treatment with some drug use during the later years (2009 - 2012), with the highest percentage recorded in 2009 (10.6%). There was a slight reduction in the percentage of adults who completed treatment with no drug use in the most recent three years (28.8% - 30.7% vs. 33.3% - 37.0% during the earlier seven years). The percentage of adults who left programs before completing treatment decreased over the 10-year period (from 21.4% in 2003 to 14.6% in 2012). The percentage of adults discharged due to non-compliance was relatively stable, with the lowest percentage recorded in 2012 (8.9%). The percentage of adults transferred was also relatively stable at around 30% during the earlier seven years, and then increased in the most recent three years (33.4% - 41.2%).

TABLE C-3.
Types of Treatment Service Discharge or Transfer for Residential Treatment

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
RESIDENTIAL TREATMENT										
Treatment Completed, No Drug Use	48 (7.3)	43 (8.9)	53 (8.8)	32 (5.0)	33 (5.4)	35 (5.8)	42 (6.3)	27 (6.6)	55 (14.0)	78 (14.7)
Treatment Completed, Some Drug Use	1 (0.2)	0 (0.0)	0 (0.0)	1 (0.2)	0 (0.0)	0 (0.0)	0 (0.0)	1 (0.2)	0 (0.0)	1 (0.2)
Transferred Within/ Outside Facility	408 (62.4)	313 (64.5)	374 (61.8)	426 (66.8)	413 (67.4)	411 (68.3)	429 (64.2)	259 (63.0)	239 (60.8)	308 (57.9)
Discharge for Non-compliance with Program Rules	61 (9.3)	53 (10.9)	69 (11.4)	80 (12.5)	64 (10.4)	66 (11.0)	59 (8.8)	44 (10.7)	35 (8.9)	43 (8.1)
Left Before Completing Treatment	131 (20.0)	73 (15.1)	107 (17.7)	94 (14.7)	101 (16.5)	88 (14.6)	134 (20.1)	77 (18.7)	60 (15.3)	98 (18.4)
Incarcerated/Died	5 (0.8)	3 (0.6)	2 (0.3)	5 (0.8)	2 (0.3)	2 (0.3)	4 (0.6)	3 (0.7)	4 (1.0)	4 (0.8)
TOTAL	654 (100.0)	485 (100.0)	605 (100.0)	638 (100.0)	613 (100.0)	602 (100.0)	668 (100.0)	411 (99.9)	393 (100.0)	532 (100.1)

- ▶ In 2012, the majority of clients who were discharged from Residential Treatment were transferred to other services within or outside the facility (57.9%). The second largest share of clients discharged from Residential Treatment services left without completing treatment (18.4%). A smaller percentage completed treatment with no drug use (14.7%) or with some drug use (0.2%). Some clients were discharged for non-compliance with program rules (8.1%).
- ▶ There were slight increases in the percentage of clients completing Residential Treatment with no drug use in the most recent two years (14.0% - 14.7% vs. 5.0% - 8.9% in previous years). The percentages of clients in other categories were relatively stable over time with some fluctuation from year to year.

TABLE C-4.
Types of Treatment Service Discharge or Transfer for Intensive Outpatient Treatment

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
INTENSIVE OUTPATIENT TREATMENT										
Treatment Completed, No Drug Use	105 (16.5)	78 (13.3)	54 (9.0)	60 (10.9)	65 (13.7)	125 (16.1)	114 (13.2)	50 (5.8)	62 (7.3)	103 (9.5)
Treatment Completed, Some Drug Use	13 (2.0)	6 (1.0)	11 (1.8)	12 (2.2)	9 (1.9)	16 (2.1)	16 (1.8)	20 (2.3)	7 (0.8)	14 (1.3)
Transferred Within/ Outside Facility	182 (28.6)	232 (39.7)	279 (46.5)	242 (44.1)	205 (43.1)	351 (45.2)	438 (50.6)	508 (59.2)	474 (55.8)	616 (57.0)
Discharge for Non-compliance with Program Rules	140 (22.0)	107 (18.3)	115 (19.2)	123 (22.4)	113 (23.7)	165 (21.3)	171 (19.8)	141 (16.4)	167 (19.7)	162 (15.0)
Left Before Completing Treatment	185 (29.0)	149 (25.5)	131 (21.8)	99 (18.0)	69 (14.5)	103 (13.3)	105 (12.1)	117 (13.6)	120 (14.1)	157 (14.5)
Incarcerated/Died	12 (1.9)	13 (2.2)	10 (1.7)	13 (2.4)	15 (3.2)	16 (2.1)	21 (2.4)	22 (2.6)	19 (2.2)	29 (2.7)
TOTAL	637 (100.0)	585 (100.0)	600 (100.0)	549 (100.0)	476 (100.1)	776 (100.1)	865 (99.9)	858 (99.9)	849 (99.9)	1,081 (100.0)

► More than half of clients discharged from Intensive Outpatient Treatment in 2012 were transferred to other treatment services (57.0%). Similar shares of clients were discharged for non-compliance with program rules (15.0%) or left before completing treatment (14.5%). Only a small share of clients completed treatment with no drug use (9.5%) or with some drug use (1.3%).

► The percentage of clients who transferred from Intensive Outpatient Treatment increased from 28.6% in 2003 to 57.0% in 2012. The percentage of clients who left their programs before completing treatment tended to decrease during this period (from 29.0% in 2003 to 14.5% in 2012). The percentages of clients in other categories were relatively stable over time with some fluctuation from year to year.

TABLE C-5.
Types of Treatment Service Discharge or Transfer for Outpatient Treatment

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
OUTPATIENT TREATMENT										
Treatment Completed, No Drug Use	347 (24.9)	421 (29.0)	473 (29.2)	545 (29.2)	689 (32.2)	1,030 (35.2)	1,065 (36.0)	1,055 (34.9)	896 (32.8)	863 (30.6)
Treatment Completed, Some Drug Use	481 (34.6)	399 (27.4)	448 (27.7)	473 (25.3)	555 (25.9)	744 (25.4)	720 (24.3)	547 (18.1)	558 (20.4)	484 (17.1)
Transferred Within/ Outside Facility	102 (7.3)	99 (6.8)	114 (7.0)	121 (6.5)	177 (8.3)	281 (9.6)	367 (12.4)	409 (13.5)	444 (16.3)	599 (21.2)
Discharge for Non-compliance with Program Rules	111 (8.0)	131 (9.0)	174 (10.7)	182 (9.7)	238 (11.1)	255 (8.7)	260 (8.8)	335 (11.1)	265 (9.7)	218 (7.7)
Left Before Completing Treatment	346 (24.9)	394 (27.1)	405 (25.0)	542 (29.0)	459 (21.5)	602 (20.6)	525 (17.7)	665 (22.0)	548 (20.1)	628 (22.2)
Incarcerated/Died	5 (0.4)	10 (0.7)	5 (0.3)	6 (0.3)	21 (1.0)	14 (0.5)	24 (0.8)	15 (0.5)	20 (0.7)	31 (1.1)
TOTAL	1,392 (100.1)	1,454 (100.0)	1,619 (99.9)	1,869 (100.0)	2,139 (100.0)	2,926 (100.0)	2,961 (100.0)	3,026 (100.1)	2,731 (100.0)	2,823 (99.9)

- ▶ A little less than half of clients discharged from Outpatient Treatment services in 2012 completed treatment: 30.6% with no drug use and 17.1% with some drug use. Leaving programs before completing treatment was the second most prevalent type of discharge observed in 2012, at 22.2%. A similar number of clients (21.2%) were transferred to another form of treatment. An additional 7.7% were discharged due to non-compliance with program rules.
- ▶ Prior to 2012, the majority of clients discharged from Outpatient Treatment services completed treatment with no drug use or with some drug use. With year-to-year fluctuation, the percentage of clients who

were discharged upon completing Outpatient Treatment with no drug use tended to increase from 2003 to 2009, and then decrease in later years. The highest percentage was reported in 2009 (36.0%) and the lowest percentage was reported in 2003 (24.9%). In contrast, there was a reduction in the percentage of clients discharged after completing treatment with some drug use (from 34.6% in 2003 to 17.1% in 2012). The percentage of clients who transferred from Outpatient Treatment increased (from 7.3% in 2003 to 21.2% in 2012). The percentages of clients in other categories were relatively stable or slightly declined over time, with some fluctuation from year to year.

TABLE C-6.**Types of Treatment Service Discharge or Transfer for Therapeutic Living**

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
THERAPEUTIC LIVING										
Treatment Completed, No Drug Use	150 (50.0)	121 (48.8)	172 (57.1)	154 (46.8)	185 (50.4)	193 (45.8)	214 (53.6)	96 (57.5)	110 (49.8)	105 (47.3)
Treatment Completed, Some Drug Use	7 (2.3)	2 (0.8)	2 (0.7)	2 (0.6)	5 (1.4)	8 (1.9)	12 (3.0)	3 (1.8)	9 (4.1)	22 (9.9)
Transferred Within/ Outside Facility	14 (4.7)	33 (13.3)	30 (10.0)	42 (12.8)	44 (12.0)	62 (14.7)	81 (20.3)	24 (14.4)	26 (11.8)	44 (19.8)
Discharge for Non-compliance with Program Rules	49 (16.3)	40 (16.1)	31 (10.3)	45 (13.7)	52 (14.2)	54 (12.8)	39 (9.8)	18 (10.8)	18 (8.1)	19 (8.6)
Left Before Completing Treatment	76 (25.3)	49 (19.8)	65 (21.6)	79 (24.0)	71 (19.3)	96 (22.8)	50 (12.5)	22 (13.2)	55 (24.9)	30 (13.5)
Incarcerated/Died	4 (1.3)	3 (1.2)	1 (0.3)	7 (2.1)	10 (2.7)	8 (1.9)	3 (0.8)	4 (2.4)	3 (1.4)	2 (0.9)
TOTAL	300 (99.9)	248 (100.0)	301 (100.0)	329 (100.0)	367 (100.0)	421 (99.9)	399 (100.0)	167 (100.1)	221 (100.1)	222 (100.0)

► The majority of clients were discharged from Therapeutic Living after completing treatment with no drug use (47.3%) or with some drug use (9.9%). About one-fifth of clients transferred either within or outside of the facility (19.8%). The remaining segments of discharged clients left before completing treatment (13.5%), were discharged for non-compliance with program rules (8.6%), or were incarcerated or died (0.9%).

► The percentage of clients who completed treatment with some drug use went up in 2012 (9.9% vs. 0.6% - 4.1% in previous years). Furthermore, a decline in the percentage of clients who were discharged due to non-compliance was observed (from 16.3% in 2003 to 8.6% in 2012). In other categories, year-to-year variation was observed.

TABLE C-7.
Types of Treatment Service Discharge or Transfer for Residential Social Detoxification

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
RESIDENTIAL SOCIAL DETOXIFICATION										
Treatment Completed, No Drug Use	479 (83.0)	374 (82.6)	417 (81.8)	493 (82.6)	487 (83.7)	455 (84.4)	518 (87.5)	354 (82.3)	391 (82.0)	427 (76.5)
Treatment Completed, Some Drug Use	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	2 (0.3)	4 (0.9)	1 (0.2)	0 (0.0)
Transferred Within/ Outside Facility	11 (1.9)	13 (2.9)	19 (3.7)	12 (2.0)	10 (1.7)	9 (1.7)	6 (1.0)	37 (8.6)	38 (8.0)	61 (10.9)
Discharge for Non-compliance with Program Rules	14 (2.4)	3 (0.7)	9 (1.8)	7 (1.2)	12 (2.1)	4 (0.7)	2 (0.3)	1 (0.2)	1 (0.2)	0 (0.0)
Left Before Completing Treatment	72 (12.5)	62 (13.7)	64 (12.5)	84 (14.1)	72 (12.4)	71 (13.2)	64 (10.8)	34 (7.9)	46 (9.6)	70 (12.5)
Incarcerated/Died	1 (0.2)	1 (0.2)	1 (0.2)	1 (0.2)	1 (0.2)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
TOTAL	577 (100.0)	453 (100.1)	510 (100.0)	597 (100.1)	582 (100.1)	539 (100.0)	592 (99.9)	430 (99.9)	477 (100.0)	558 (99.9)

- ▶ The vast majority of clients discharged from Residential Social Detoxification in 2012 completed treatment with no drug use (76.5%). Approximately one-quarter of clients left programs before completing treatment (12.5%) or transferred to another form of treatment (10.9%).
- ▶ Without big changes, a similar trend was held for 10 years with one exception: A higher percentage of clients was transferred in the most recent three years (8.0% - 10.9% vs. 1.0% - 3.7% in the first seven years).

Types of treatment service discharge or transfer for Day Treatment and Methadone Maintenance modalities were excluded due to small sample size. Each year, 21 to 89 total cases for Day Treatment and 6 to 67 total cases for Methadone Maintenance across six different types of discharge or transfer were observed.

TABLE C-8.
Client Status 6 Months after Discharge by Age Group^{ab}

Adolescents, 17 Years and Younger										
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
STATUS AT FOLLOW UP										
Attending school	565 (98.6)	138 (95.2)	166 (96.0)	824 (95.8)	526 (97.8)	1,162 (98.6)	854 (98.8)	1,259 (97.8)	1,241 (98.6)	1,174 (98.4)
Employed part time/full time	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
No arrests since discharge	528 (92.1)	122 (84.1)	143 (82.7)	732 (85.1)	488 (90.7)	1,086 (92.1)	798 (92.4)	1,191 (92.5)	1,146 (91.1)	1,081 (90.6)
No substance use in 30 days prior to follow-up	275 (48.0)	57 (39.3)	71 (41.0)	362 (42.1)	267 (49.6)	568 (48.2)	432 (50.0)	696 (54.1)	707 (56.2)	656 (55.0)
No new substance abuse treatment	492 (85.9)	119 (82.1)	145 (83.8)	740 (86.0)	466 (86.6)	1,045 (88.6)	774 (89.6)	1,092 (84.8)	1,037 (82.4)	994 (83.3)
No hospitalization	558 (97.4)	136 (93.8)	160 (92.5)	803 (93.4)	504 (93.7)	1,143 (96.9)	825 (95.5)	1,245 (96.7)	1,204 (95.7)	1,138 (95.4)
No emergency room visits	544 (94.9)	136 (93.8)	160 (92.5)	777 (90.3)	492 (91.4)	1,103 (93.6)	818 (94.7)	1,216 (94.5)	1,181 (93.9)	1,110 (93.0)
No psychological distress since discharge	466 (81.3)	106 (73.1)	127 (73.4)	584 (67.9)	435 (80.9)	893 (75.7)	702 (81.3)	1,002 (77.9)	1,026 (81.6)	1,021 (85.6)
Stable living arrangements	565 (98.6)	143 (98.6)	171 (98.8)	846 (98.3)	525 (97.6)	1,166 (98.9)	852 (98.6)	1,261 (98.0)	1,237 (98.3)	1,170 (98.1)
TOTAL	573 (-)	145 (-)	173 (-)	860 (-)	538 (-)	1,179 (-)	864 (-)	1,287 (-)	1,258 (-)	1,193 (-)

Table C-8. (continued)

All Adults, 18 Years and Older										
	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
STATUS AT FOLLOW UP										
Attending school	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Employed part time/full time	266 (47.9)	117 (32.5)	252 (44.4)	325 (46.4)	287 (60.8)	374 (62.4)	356 (61.0)	484 (64.6)	377 (66.8)	368 (66.5)
No arrests since discharge	484 (87.2)	259 (71.9)	404 (71.3)	540 (77.1)	434 (91.9)	554 (92.5)	549 (94.0)	694 (92.7)	516 (91.5)	464 (83.9)
No substance use in 30 days prior to follow-up	342 (61.6)	200 (55.6)	325 (57.3)	389 (55.6)	323 (68.4)	438 (73.1)	395 (67.6)	522 (69.7)	373 (66.1)	393 (71.1)
No new substance abuse treatment	427 (76.9)	221 (61.4)	345 (60.8)	469 (67.0)	352 (74.6)	436 (72.8)	461 (78.9)	598 (79.8)	412 (73.0)	431 (77.9)
No hospitalization	515 (92.8)	271 (75.3)	422 (74.4)	570 (81.4)	448 (94.9)	552 (92.2)	566 (96.9)	712 (95.1)	523 (92.7)	518 (93.7)
No emergency room visits	511 (92.1)	263 (73.1)	414 (73.0)	565 (80.7)	438 (92.8)	542 (90.5)	557 (95.4)	693 (92.5)	513 (91.0)	507 (91.7)
No psychological distress since discharge	448 (80.7)	230 (63.9)	358 (63.1)	482 (68.9)	380 (80.5)	516 (86.1)	489 (83.7)	635 (84.8)	455 (80.7)	438 (79.2)
Stable living arrangements	456 (82.2)	321 (89.2)	512 (90.3)	597 (85.3)	390 (82.6)	497 (83.0)	489 (83.7)	669 (89.3)	481 (85.3)	463 (83.7)
TOTAL	555 (-)	360 (-)	567 (-)	700 (-)	472 (-)	599 (-)	584 (-)	749 (-)	564 (-)	553 (-)

^a Information is presented only for clients with completed follow-up data.

^b Total number of clients for whom complete follow-up data are available. Within each year, this is the denominator for calculating the percentage values for each follow-up status.

NA = not applicable. The identified status was not applicable to clients of the specified age group.

- ▶ The number of adolescents who completed 6-month follow-up after discharge tended to increase over 10 years (573 in 2003 to 1,193 in 2012) with particularly small numbers reported in 2004 and 2005 (145 and 173, respectively). In contrast, the number of adults who completed follow-up was relatively stable, with some exceptions: The smallest number was reported in 2004 (360) and the largest number was reported in 2010 (749), followed by 2006 (700).
- ▶ Among adolescents who completed follow-up, nearly all attended school (95.2 - 98.8%), were in stable living arrangements (97.6 - 98.9%), and had not been hospitalized (92.5% - 97.4%). The vast majority had had no emergency room visits (90.3% - 94.9%), had not been arrested (82.7% - 92.5%), had not experienced psychological distress (67.9% - 85.6%), and had not received new substance abuse treatment (82.1% - 89.6%) since discharge. In addition, around half (39.3% - 56.2%) of adolescents had not used any substances in the 30 days prior to follow-up.
- ▶ Over 10 years, among adults who were successfully followed up, the great majority had not been hospitalized (74.4% - 96.9%), not had emergency room visits (73.0% - 95.4%), not experienced psychological distress (63.1% - 86.1%), and had no history of arrests since discharge (71.3% - 94.0%). The majority of adults had not received new substance abuse treatment (60.8% - 79.8%), and had not used any substances in the last 30 days (55.6% - 73.1%) since discharge at the time of follow-up. The vast majority of adults were in stable living arrangements (82.2% - 90.3%). With a wide range of variation, about one-third to two-thirds of adults were employed (32.5% - 66.8%).
- ▶ Because some discharged adolescents and adults did not complete follow-up, the discharge data reported herein may not represent all of the clients who were discharged from treatment services. Thus, the overall trends over 10 years based on year-to-year comparison was not reported, as any observed trend may result from sample selection bias.

TESTIMONIALS^a

WHEN I ENTERED ALOHA HOUSE...

...a few years ago, I was homeless and at a point where I could not stop drinking. My two sons, 5 and 8 years old at the time, lived with their mother and then spent time in foster care. I used to miss family outings because I wanted to drink, and I still don't remember a lot from those days. It took being in a controlled environment for the light to come on and for me to realize that I needed to focus on changing myself and not the world, and that I simply could not see my kids if I was not sober. If it weren't for Aloha House I wouldn't have made it one day, and treatment changed the way I think and choose to live.

Now I'm raising my two boys, 7 and 10, as a single parent, since their mother passed away a few months ago. I'm there for my kids 100% with a good head on my shoulders. I am now the "mommy" and "daddy" and am excited about the future because when the time comes that I have been sober for 3-5 years, my boys will be young teens and will need a role model around. All I care about is their happiness.

Now, I'm able to talk with my kids and express my feelings without pointing a finger, which is huge when you are dealing with young children. I also share some of the lessons I learned at Aloha House. If my kids are stressed or worried about something, I tell them that we should only focus on what we can take care of today and that we need to live in the moment. They are like little sponges and I am blessed to be able to pass this advice on to them.

Another lesson from Aloha House that I now share with my kids is doing arts and crafts. Art allows a person to get their feelings out without actually having to talk or feel judged. I know that doing art with my sons has helped them because they have a lot of pent-up emotions from their mom passing away. My sons can be shy when it comes to sharing their feelings, and engaging in these projects lets them process everything and begin to heal. Doing these projects gives my sons a strong feeling of self-accomplishment because when they are finished, they can look at something they did on their own and can be proud of it.

- Kalani, Aloha House client



WHEN LOOKING BACK...

...at my relationship with my children before going to Malama Family Recovery Center, I was physically there, but not mentally or emotionally. Before, my kids weren't important. It's the truth, and it shocks me to think I was like that. When I entered Malama, three of my children, ages 2, 5, and 10 at the time, were placed in foster care. I felt like I didn't have the right to even hold or touch my children, and that I was an outsider around them. As I began to heal, I realized what I was missing and devoted myself to getting better so I could be there for the kids. At Malama, I had to work to be able to see my kids. The staff wanted me to be with my kids, but they made me earn that privilege.

A turning point in my recovery was when, after having a hard day, I still desperately wanted to stay in treatment. It wasn't just about me anymore. I was now thinking about the consequences of my actions and how they would impact my kids. I was finally thinking about what kind of life I wanted for my children and where I needed to be in order to make that happen. I could

then talk with my counselors about what kind of person I wanted to be and needed to be in order to give my children the life they deserved.

Now, as a single mother raising three kids and working full-time, my relationship with my children is still mending, but we are a good team. I love being there for them as their interests develop. The best part of being a mother is being there for all the hugs and kisses, the silly moments and the craziness of everyday life. Mother's Day represents taking the good and the bad, creating new memories, learning instead of regretting, and teaching our kids to do better. In order to teach them, I have to be a good role model.

Going through Malama made me realize I am stronger than I thought I was. I fought for myself and my kids. If I hadn't gotten better my kids would have been adopted, and to me, I achieved the unachievable.

- Jena, Malama Family Recovery Center client



I CAME TO BIG ISLAND SUBSTANCE ABUSE COUNCIL (BISAC)...

...straight out of jail. I was broken, scared, and angry. This was my second time in rehab. Three months prior, I had lost my best friend and children's father to a drug overdose while I was sitting in jail. I was a mess, my family was broken, and I had never felt so alone in my life. I am so thankful that I went into the Women's Therapeutic Living Program. It taught me structure and discipline. The other women in the house became my friends and family. I loved treatment and my individual counseling sessions. I started finding out who I was as a person. I started looking at and working on those dark areas of my life that I had suppressed for so many years with meth and heroin. I was clean and sober for about 11 months and I actually ended up relapsing. Because of what BISAC taught me and where I had been in my life, I wasn't willing to lose it all, so I fessed up to using and had to start treatment over.

One of the most valuable tools I have learned here is not to focus on my relapse and feel sorry for myself, but to learn from it so I could prevent it in the future. I have never been so strong in my life or recovery before. I have been using drugs since I was 14, with about 6 months being the longest clean time I had. I walked into BISAC with my sweats from jail — literally the clothes on my back — homeless, no self-esteem, no direction, and my kids lived with my parents. Today, I am half way through aftercare. I own my own car, have my own apartment, I just finished my first semester in college and will be continuing in the fall. My children live with me, I have an amazing relationship with my family, and most of all I love myself and want a better life.

- Sarah, Big Island Substance Abuse Council client

^a Client names and children's demographic information have been changed to maintain confidentiality.



ADAD-FUNDED TREATMENT AGENCIES, 2012

Agencies Offering Services to Adults

Alcoholic Rehabilitation Services of Hawai'i, Inc. (ARSH)
dba Hina Mauka

Aloha House, Inc.

Big Island Substance Abuse Council (BISAC)

Bridge House, Inc.

Care Hawai'i, Inc.

Child and Family Service

Family Court – First Circuit

Ho'omau Ke Ola

Ka Hale Pomaika'i

Ku Aloha Ola Mau (Formerly DASH)

Kline-Welsh Behavioral Health Foundation
dba Sand Island Treatment Center

Malama Na Makua A Keiki

Ohana Makamae, Inc.

Oxford House, Inc.

Po'ailani, Inc.

Salvation Army, a California Corporation – Addiction
Treatment Services (ATS)

Salvation Army, a California Corporation – Family
Treatment Services (FTS)

The Queen's Medical Center

Waikiki Health Center

Agencies Offering Services to Adolescents

Alcoholic Rehabilitation Services of Hawai'i, Inc. (ARSH)
dba Hina Mauka

Aloha House, Inc.

Big Island Substance Abuse Council (BISAC)

Care Hawai'i, Inc.

Hale Ho'okupa'a

Maui Youth & Family Services, Inc.

Ohana Makamae, Inc.

The Institute for Family Enrichment

Young Men's Christian Association (YMCA)

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